

OFFICE OF THE SECRETARY OF STATE

CHARITIES AND LEGAL SERVICES DIVISION

STATE HOUSE

ANNAPOLIS, MD 21401

410-974-5534

<http://www.marylandsos.gov>

CERTIFICATION FORM

PLEASE COMPLETE THIS FORM AND SUBMIT IT WITH YOUR ORGANIZATION'S
ANNUAL UPDATE OF INFORMATION

**Failure to sign and submit to the Charities and Legal Services Division the
certification below will result in a delay of your organization's registration.**

Name of Charitable Organization _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

**Does your organization engage or have a contract with a professional solicitor or fund-raising counsel? If
yes, please attach a copy of the contract(s). In order to process your organization's application, you must
respond to this question.**

Professional Solicitor	Yes	No	Fund-raising Counsel	Yes	No
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I certify that the IRS Form 990 or IRS Form 990-EZ for the fiscal year ending _____ (month),
_____ (year) submitted to the Office of the Secretary of State under §6-408 of the Business Regulation Article of
the Annotated Code of Maryland is a copy of the form submitted to the Internal Revenue Service.

Name of Individual Preparing this Form

Signature

Title

Date